OIPE 42.

PTO/SB/21 (07-06)

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Application Number	10/712,917				
Filing Date	November 13, 2003				
First Named Inventor	J. Michael Teets				
Art Unit	3746				
Examiner Name	Charles Grant Freay				
Attorney Docket Number	3419-032151				

ENCLOSURES (check all that apply)									
X Fee Transmittal	Form	Drawing(s)				After Allowance Communication to TC			
X Fee Attach	ned	Licensing-related Papers				Appeal Communication to Board of Appeals and Interferences			
Amendment / Re	ply	Petition			X	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)			
After Fina	I	Petition to Convert to a Provisional Application				Proprietary Information			
Affidavits/	declaration(s)	Power of Attorney, Revocation Change of Correspondence Address				Status Letter			
X Extension of Tim	ne Request	Terminal Disclaimer				Other Enclosure(s) (please identify below):			
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Information Disc	closure Statement		CD, Number of C	D(s)					
			Landscape T	able on CD					
Certified Copy o Document(s)	f Priority	Priority Remarks							
	Response to Missing Parts/ Incomplete Application								
Response to Missing Parts									
Under 37 (CFR 1.52 or 1.53								
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT									
Firm Name	The Webb Law Firm								
Signature	Jama Prall.								
Printed Name	James G. Porcelli								
Date	November 8, 2006 Reg. No.			Reg. No.		33,757			
CERTIFICATE OF TRANSMISSION / MAILING									

Typed or printed name Christine A. Canavan Date November 8, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NO SEND FEES OR

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Effective on 12/08/2004. Complete if Known rsuant to the Consolidated Appropriations Act, 2005 (H.R. 4818) 10/712,917 TRANSMITTAL Application Number Filing Date November 13, 2003 For FY 2006 J. Michael Teets First Named Inventor Examiner Name Charles Grant Freay claims small entity status. See 37 CFR 1.27 3746 Art Unit MOUNT OF PAYMENT Attorney Docket No. 3419-032151 METHOD OF PAYMENT (check all that apply) Credit Card Money Order None Check Other (please identify): Deposit Account Deposit Account Number: Deposit Account Name X 23-0650 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES **SEARCH FEES EXAMINATION FEES Small Entity** Small Entity Small Entity **Application Type** Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) 300 150 500 250 200 100 Utility 100 130 200 100 50 65 Design Plant 200 100 300 150 160 80 500 250 600 300 Reissue 300 150 200 100 Provisional 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee Description Fee (\$) 25 50 Each claim over 20 (including Reissues) 200 100 Each independent claim over 3 (including Reissues) 360 180 Multiple dependent claims **Total Claims** Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee Paid (\$) - 20 or HP = Fee (\$) HP = highest number of total claims paid for, if greater than 20 Fee Paid (\$) Indep. Claims Extra Claims Fee (\$) -3 or HP =HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). **Total Sheets** Extra Sheets Number of each additional 50 or fraction thereof (round up to a whole number) 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Three Months Petition for Extension of Time & Appeal Fee \$1070.00 SUBMITTED BY Registration No. 412-471-8815 Signature mu tha 33,757 Telephone (Attorney/Agent) Name (Print/Type) ames G. Porcelli Date November 8, 2006